

**ACKNOWLEDGEMENT OF RECIPIENT OF
FORM OF NOTICE OF PRIVACY PRACTICES**

Effective Date: September 1, 2013

I hereby acknowledge the recipient of Notice of Privacy Practices from Dearborn Allergy & Asthma Clinic on _____ Date.

Signature of the Patient, Guardian or Legal Representative

Relationship with patient

The individual or the individual's legal representative did not provide a written acknowledgement of recipient of this Notice of Privacy Practices. The following explains the good faith efforts to obtain the written acknowledgement and the reasons why the acknowledgement was not obtained:
